

FILED OCT 6 1943  
Registration District No. **822**

Primary Registration District No. **3017**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Cooper**  
(b) City or town **Boonville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Alex Van Ravenswaay Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **30 days** (Specify whether  
In this community **Life** years, months or days)

8. (a) PRINT FULL NAME **JERRY MORNEY**

8. (b) If veteran, name war **None** 8. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years

7. Birth date of deceased **December, 24th, 1875**  
(Month) (Day) (Year)

8. AGE: Years **68 73** Months **8** Days **26** If less than one day **-** hr. **-** min.

9. Birthplace **Cooper County, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Farm**

12. Name **Jerry Morney**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Celia Hill**

15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Flossie B. Brown**

(b) Address **Otterville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-23-43** (Month) (Day) (Year)

(c) Place: burial or cremation **New Lebanon Cemetery**

18. (a) Signature of funeral director **Jessie E. Richards**  
(b) Address **Tipton, Mo.**

19. (a) **9-20-43** (Date received local registrar) (b) **Dr. Chas. Swap.** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper** **027**  
(c) City or town **"Rural"** (If outside city or town limits, write "RURAL") **0**  
(d) Street No. **5 1/2 Mi. South West, Bunceton, Mo** (If rural, give location)  
(e) If foreign born, how long in U. S. A.? **Native** **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9-20** day **43**  
year **-** hour **8** minute **A.** M.

21. I hereby certify that I attended the deceased from **8-24**  
19 **43** to **9-20** 19 **43**

that I last saw him alive on **9-19** and that death occurred on the date and hour stated above.

Immediate cause of death **UREMIA**

Due to **PROSTATIC HYPERTROPHY & OBSTRUCTIONAL**

Due to **-**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1370**

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Hubert A. Walker** (M. D. or other) **C**  
Address **Boonville, Mo.** Date signed **9-20-43**

RECEIVED

District Health Officer No. 8,

Certificate Number

Filed 10 - 18 - 43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me or by me

working under my personal supervision.

Signed

J. E. Richards

Registered Apprentice No.

Licensed Embalmer No. 2466

Address Lipton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.